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22869 7590 10/22/2008

GERON CORPORATION
 Attn: David J. Earp
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/810,311	03/26/2004	Ramkumar Mandalam	093/030P	8003

TITLE OF INVENTION: PROTOCOLS FOR MAKING HEPATOCYTES FROM EMBRYONIC STEM CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/22/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
TON, THAIAN N	1632	435-377000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.365).	2. For printing on the patent front page, list (1) the name of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	1 <u>E. Stewart Mittler</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____ 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Geron Corporation

Menlo Park, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>07-1130</u> (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)	<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature E. Stewart Mittler Date November 18, 2008
 Typed or printed name E. Stewart Mittler Registration No. 50,316

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